

APPLICATION FOR UNITED STATES PATENT DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: EXHAUST GAS TREATMENT APPARATUS

described and claimed in the specification:

Check one

- *a. ☐ attached hereto.
 b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).
 c. ☒ described and claimed in PCT International Application No. PCT/JP03/09607 filed on July 29, 2003 and as amended under PCT Article 19/34 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2002-227920 filed on August 5, 2002.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX-19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Masaaki</u>	<u>OKUBO</u>	
		<small>-Given Name</small>	<small>Middle Initial</small>	<small>Family Name</small>
2	**Inventor's Signature:	<u>Masaaki Okubo</u>		
3	**Date of Signature:	<u>May</u>	<u>27th</u>	<u>2005</u>
		<small>Month</small>	<small>Day</small>	<small>Year</small>
	Residence:	<u>Sakai-shi,</u>	<u>OSAKA,</u>	<u>Japan</u>
		<small>City</small>	<small>State or Province</small>	<small>Country</small>
	Citizenship:	<u>Japanese</u>		
	Post Office Address: (Insert complete mailing address, including country)	<u>Libest Nakamozu 603, 4-chome, 614-banchi 2, Nakamozu-cho, Sakai-shi, Osaka, 591-8023 Japan</u>		

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

02P00217 43
WA-084060

1 Typewritten Full Name
of Second Joint Inventor (if any)

Toshiaki

YAMAMOTO

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:

3 **Date of Signature:

May

27th

2005

Month

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1 Typewritten Full Name
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Shinichi

MIWA

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Family Name

2 **Inventor's Signature:

3 **Date of Signature:

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2005

Month

Day

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Citizenship:

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c/o NGK Insulators, Ltd.,

2-56, Suda-cho, Mizuho-ku, Nagoya-city,
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1 Typewritten Full Name
of Fourth Joint Inventor (if any)

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:

3 **Date of Signature:

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete
mailing address,
including country)

1 Typewritten Full Name
of Fifth Joint Inventor (if any)

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:

3 **Date of Signature:

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete
mailing address,
including country)

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration form of the application to which it pertains.